



Volunteer Contract / Application Form

Name: _____ Email: _____

Address: _____

Mob: _____ Contact Details : Ph _____

Age/Date of Birth: _____ Parent Consent: _____

Alternative Contact: _____

Any Medical Conditions? _____ Where is medication kept? _____

Previous Experience

Horse Experience? Y/N Experience with people with disabilities? Y/N

Experience with Challenging behaviour? Y/N Current First Aid Cert? Y/N

Areas of Expertise/Skills/Interests: _____

Which job(s) at RDA would you be able to do?

Leading Horses: Side walking: Catching/Grooming: Farm Work: Administration:

Which Sessions would you be available to help?

Monday: Tuesday: Wednesday: Thursday:

Friday: Saturday: Life Skills Riding Therapy:

I am interested in becoming a volunteer with Tauranga RDA group. I understand that this is not a paid employment.

I do not know of any reason why I would not be accepted by RDA as a volunteer _____

Have the Hazards & Rules been explained to you? Yes/No

Have you read and understood the Code of Conduct? Yes/No

Consent under the New Zealand Privacy Act 1993

I _____ (name) consent to RDA collecting and using the information I have supplied only for the purpose of helping RDA riders supported by this RDA group. I understand that my information will be kept by this Groups Volunteer Coordinator.

Confidentiality: Due to the Privacy Act and courtesy to our riders, any personal information gained about Rider through Riding for the disabled will remain confidential. I AGREE not to discuss riders names, diagnosis, behaviour, with necessity for preserving riders privacy and anonymity, and I will abide by this agreement.

Photo Release/Publicity:

I give / do not give (delete one) Permission for the Tauranga RDA Group to take or have, still or moving photographs and films of me, including television and video, for local publicity purposes.

I agree / do not agree (delete one) to my name being used in publicity.

Signed _____ Date: _____

Office Use	Induction	Consent Check	Database/Web
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